

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

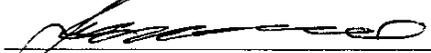
04-26-2006 90177 004 \*\*\*\*61.25

<b>DOCUMENT # N98000000902</b>					
1. Entity Name <b>BAY POINTE AT WYNDHAM LAKES COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business 1215 E HILLSBORO BLVD DEERFIELD BEACH FL 33441			Mailing Address 1215 HILLSBORO BLVD DEERFIELD BEACH FL 33441 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0824704</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CAMPBELL PROP MGMT. 1215 E HILLSBORO BLVD DEERFIELD BEACH FL 33441</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUCHENRITHR, MARC		NAME	<b>HOROWITZ, STUART</b>	
STREET ADDRESS	12246 NW 48TH DRIVE		STREET ADDRESS	<b>4826 NW 123RD TERRACE</b>	
CITY-ST-ZIP	POMPANO BEACH FL 33076		CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33076</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMER, BRETT		NAME		
STREET ADDRESS	12274 NW 48TH		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNO, JERRY		NAME		
STREET ADDRESS	4862 NW 123RD TERRACE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33076		CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33076</b>	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBOUKREK, JACK		NAME		
STREET ADDRESS	12209 NW 49 AVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33076		CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33076</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMOME, JOE		NAME	<b>SIMEONDI, JOE</b>	
STREET ADDRESS	4847 NWILY WAY		STREET ADDRESS	<b>4847 NW 124TH WAY</b>	
CITY-ST-ZIP	POMPANO BEACH FL 33076		CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33076</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

4/10/06